A VIEW FROM THE OTHER SIDE

BY

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Ladies and Gentlemen:

I am pleased to be with you. I am very grateful to you for your contributions which have led to my presence here today.

"A View of the Press From the Other Side" can be best evaluated from (1) a brief historical background of the development of the hypothesis linking behavioral disturbances and learning disabilities to the ingestion of artificial colors and flavors, and (2) the events that followed the public announcement of the concept.

Over 25 years ago, after moving to San Francisco, I became aware that fleas are indigenous to the San Francisco Bay Area. As an allergist and immunologist, with support from NIH, I undertook to study the allergic reaction to flea bites. Very early in our observations we demonstrated that the allergic reaction to the flea bite is induced by a low molecular weight compound present in flea saliva. In immunology such compounds are called haptens. By virtue of this observation our laboratories became involved in studying the behavior of haptens in the immune response. On the clinical side of our program we undertook to study the adverse reactions to drugs or medications, and the adverse reactions to food additives. On the surface these may appear as disparate categories; however, except for terminology, there are no differences between a compound used as a medication and one introduced into our food as an additive—both are low molecular weight compounds (Slide 1). This
IS IMPORTANT TO RECOGNIZE, SINCE IN SPITE OF THIS IDENTITY NOT ONE OF THE THOUSANDS OF COMPOUNDS INTRODUCED INTO OUR FOODS AS ADDITIVES HAS EVER BEEN SUBJECTED TO PHARMACOLOGICAL STUDIES SUCH AS REQUIRED OF COMPOUNDS LICENSED FOR USE AS MEDICATIONS. A NUMBER OF ADDITIVES HAVE BEEN SUBJECT TO TOXICOLOGICAL STUDIES, E.G., CARCINOGENESIS, BLASTOGENESIS, MUTAGENESIS, BUT NONE FOR PHARMACOLOGICAL BEHAVIOR. THEREFORE, WE ACTUALLY KNOW NOTHING OF THE BEHAVIOR OF THESE COMPOUNDS IN THE BODY. It is my understanding that the FDA now requires complete pharmacological testing for all chemicals used as food additives.

Additives are of two classes: The nonintentional food additives are those chemicals which accidently gain entrance into the food supply, while the intentional additives are those deliberately introduced for a specific purpose (Slide 2).

The intentional food additives are classified into thirteen categories comprising about 2,764 compounds according to the 1965 data compiled by the Food Protection Committee of the National Research Council. This is not the precise number of food additives, which is probably closer to 4,000. The exact number is not known, because of the fragmentation of jurisdiction over the licensing of food additives among nine governmental agencies which permit secret formulae, unknown either to other agencies or the public.

In our initial studies we focused upon the synthetic colors and flavors. However, this does not imply that the remaining eleven categories do not cause adverse reactions, because they do.

Actually, as our basic hypothesis states, (Slide 3) "Any compound in existence either natural or synthetic can induce an adverse reaction in an individual with the appropriate genetic profile, i.e., predisposition." Accordingly, nothing is exempt. Even natural compounds cause trouble. Perhaps one of the best known classic examples of the involvement of a natural compound is phenylketonuria (PKU), in which an inborn error of metabolism leads to an intolerance for phenylalanine, an essential amino acid. That being true, we must evaluate each compound or class of compounds on the basis of benefit compared with risk. Applying this measure to the synthetic colors and flavors, we learn they are the most pervasive of all food additives, found in about 80 percent of all foods. Because of this wide distribution, they are the most common causes of adverse reactions, affecting practically every system of the body. In addition, colors and flavors have no nutritional value—they have merely a cosmetic or aesthetic function. If removed from our foods, nothing nutritionally would be lost. Therefore, on balance, the risks outweigh the benefits.

Initially, we were of the opinion that the adverse reactions to the synthetic colors and flavors were allergic in nature; however, clinical observations do not support an immunologic mechanism. Therefore, we consider these adverse reactions as nonallergic. More recent studies at the neuronal level are beginning to explain what we observe clinically.

Perhaps the most important and most dramatic of all the adverse reactions induced by these chemicals are the behavioral disturbances.
Our initial observation of a behavioral disturbance attributed to the ingestion of artificial food colors and flavors was in an adult—a woman aged about 40 years. This case was reported in 1972 in my textbook Introduction to Clinical Allergy, published by Charles C. Thomas and Company of Springfield, Illinois. The patient presented to the Allergy Department with complaining of angioedema of the face and eyelids, i.e., swelling and giant hives. After studying the patient, we attributed her condition to the ingestion of the artificial food colors and flavors. The patient responded quickly when managed with the Kaiser-Permanente (K-P) Diet, which eliminates the food additives and also a group of foods, mostly fruits, which contain a natural salicylate radical.

Ten days later the chief of psychiatry of our Medical Center inquired about her remarkable behavioral improvement. He had been treating her in psychotherapy for almost 2 years because of her behavior characterized by hostility toward her husband, her peers and others. Where psychotherapy had failed, the diet had effected an almost immediate improvement in both the behavioral pattern and her angioedema. Confiding with the patient, we learned that adherence to the diet controlled all her ills, both physical and behavioral, while the slightest infraction of the diet caused an immediate recurrence of all her complaints, both behavior and her angioedema.

The allergy staff was alerted, and other adult patients were found. A number of children were also observed with physical complaints resembling allergy. In the course of managing these children with the K-P Diet, the parents frequently reported that besides the physical complaints, concurrent behavioral disturbances also improved. Their behavioral pattern was usually that identified with the hyperkinetic syndrome characterized by hyperactivity, aggression, short attention span, marked incoordination and cognitive and perceptive deficits. Children who were disturbing both at home and at school, frequently were taking behavior-modifying drugs for years, and failing at school in spite of a high IQ. Many of them manifested rapid, dramatic improvement within days or weeks when managed with the K-P Diet.

To confirm our initial observations we arranged for additional children whose primary complaint was behavior to be managed with the K-P Diet. We repeated the dramatic improvement in the behavioral pattern.

Late in 1972, when our sample included 25 children with behavioral disturbances, I received an invitation from the AMA to participate in the annual meeting scheduled for New York on June 25 to 27, 1973. Considering this an excellent forum for peer evaluation of our observations on behavior and dietary intervention, I chose to report the observations on the initial group of 25 children managed with the K-P Diet. After my manuscript was submitted, I received a call from the AMA in Chicago, inviting me to hold a press conference on my observations, scheduled for June 25th, the day before my presentation. I accepted and met with between 75 and 80 correspondents from around the world, following which the report that hyperkinesis responded to a diet eliminating artificial food colors and flavors was covered by practically all the news media.
The coverage which was international in scope generated considerable public interest in my concepts. The reports in the press and on radio and TV continued, which led to numerous phone inquiries and literally thousands of letters, chiefly from troubled parents, requesting information regarding the K-P Diet. Since I am not a behaviorist nor a psychiatrist, but rather an allergist and immunologist, I was not prepared for this response. Although I did appreciate the importance of the observation, I was not fully acquainted with the magnitude of the hyperkinesis problem. I proceeded to acquaint myself with all aspects of the syndrome known as hyperkinesis by discussing the problem with others in the field and reviewing the literature on the subject for the last 50 years. I, too, was then overwhelmed with the prevalence of the condition; the complexity of the problem and its many scientific and social implications.

In September of 1973, following my initial AMA participation, I was invited to present my observations at an international symposium on food at the Royal Institute in London. This presentation appears in the conference transactions published by the Academic Press, London. About the same time, by invitation, I prepared an editorial on the subject which appeared in Hospital Practice, October 1973, a widely circulated medical journal.

Apparently, the scientific and public relations arms of the AMA were pleased with the events following my 1973 presentation, as I was again invited to participate in the AMA meeting in Chicago, June 1974. Again, my presentation was preceded by a press conference. At the 1974 meeting I reported on 169 children in five separate samples with a success rate of 30 to 50 percent, depending upon the age of the child and the sample.

In July of 1975 by invitation I presented my observations at a meeting of the California Medical Association in Los Angeles—again, preceded by a press conference.

I must now go back to 1974. Following the Chicago meeting, interest escalated due to continued coverage by all sectors of the news media—press, radio and TV. By late 1974 a parent’s story of a child’s dramatic response to the K-P Diet appeared almost daily somewhere in this country. This led to the funding by the National Institute of Education of the first controlled double-blind crossover study at the University of Pittsburgh, directed by Dr. G. Keith Connors, with myself as consultant. The results of this study, which were favorable, appeared in the August 1975 issue of Pediatrics, the official publication of the American Academy of Pediatrics.

Apparently all this favorable publicity prompted the food industry to involve its 100% industry-supported representative, The Nutrition Foundation of New York. In December 1974, The Nutrition Foundation issued a “proposal for the study of dietary relationship to hyperkinesis.” A conference was arranged for January 12 through the 24, 1975, at the Harrison House in Glen Cove, Long Island. All participants were by invitation only. Fortunately, I was extended an invitation. The Foundation created an advisory committee labeled the National Advisory Committee, chaired by Dr. Warren Lifton of the University of North Carolina.
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The last paragraph of the proposal issued by the Foundation stated, "No publicity will be given to the findings until the committee has approved the report for release." However, on January 17, 1975, the week following the meeting of the Nutrition Foundation at Glen Cove, Dr. Darby, the Foundation president, drafted a preliminary report and publicized the following four "conclusions," contrary to the expressed protocol: (Slide 4)

1. "No controlled studies have demonstrated that hyperkinesis is related to the ingestion of food additives."

2. "The claims that hyperactive children improve significantly on a diet that is free of salicylate, a food additive, has not been confirmed."

Both statements are practically identical in their implication, namely, that controlled studies have disproved the hypothesis. No controlled study has ever been conducted or reported. That was the purported objective of the Nutrition Foundation meeting—to design and support controlled studies.

3. "The nutritional quality of this diet has not been evaluated and it has not been determined if it meets the long-term nutrient needs of children."

This is a false assumption; the diet is very liberal. With the exception of several fruits and a few vegetables, anything is permitted provided it does not include synthetic colors or flavors.

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4. "Until these questions are answered, the committee strongly urges that this regimen not be used without competent medical supervision."

On the surface, this statement sounds valid; however, the implications are false, since I have never advocated management of these children without competent supervision.

Compare these preliminary "conclusions" with the actual conclusions submitted in the National Advisory Committee's final report issued six months later, June 1, 1975: (Slide 5)

1. "Dr. Feingold's claims may prove valid, and, if so, they represent a major breakthrough in the treatment of this complex condition."

2. "Development of information on nutrients supplied by the regimen are currently underway in order to evaluate dietary patterns..."

3. "The committee concludes that data from critically designed and executed studies, free of the deficiencies of design noted, must be available before firm conclusions can be reached on the Feingold hypothesis."

The absence of finality in this report is in striking contrast to the positions in the preliminary report.

The preliminary conclusions which were not intended for publication received broad exposure in the press, often appearing verbatim in many articles not only in this country but in Australia.
as well. Very often reference has been made to the National Advisory Committee with the implication it was a governmental agency rather than an arm of industry. However, it is important to note that the preliminary unauthorized conclusions usually appeared rather than the final position of the Advisory Committee. The impact of the unfounded “conclusions” of the Nutrition Foundation is evident with the recognition that even the American Academy of Pediatrics came under this influence. In the Academy newsletter, distributed to all member pediatricians, the preliminary “conclusions” were published verbatim with the Nutrition Foundation’s New York address for complete details.

This industry ploy did little to deter the growing national interest in our work. By 1975 original U.S. newspaper and magazine articles covering the K-P Diet, excluding syndicates, had reached about 22 articles per month. Apparently, this prompted the food industry to call into action their select troops—the nutritional scientists. The attitude of the professors of nutrition of the major universities is well observed in a report prepared by Congressman Ben Rosenthal of New York who states: “Despite the compelling need for experts who can examine the food industry with a critical eye, nutrition and food science communities have fallen under the $200 billion industry’s influence. At our most prominent universities eminent nutritionists have traded their independence for food companies’ favors.”

“The senior professors who raise money at Harvard, MIT and the University of Massachusetts departments of nutrition could criticize government policy or the food industry only at the peril of their departments. For terribly clear financial reasons nutritionists end up ignoring the responsibility to the consumer they might otherwise feel.”

The influence of industry through the nutritional sciences as intermediaries upon the context of news reports subsequent to January 1975 becomes obvious and is epitomized by a syndicated article by Dr. Fred Stare, which appeared in March 1975.

In addition to the four premature “conclusions” of The Nutrition Foundation which I have already discussed, Dr. Stare resorts to additional inuendos which have been copied repeatedly by the lay press and at times even scientific publications. Dr. Stare states: “Interestingly, to our knowledge Dr. Feingold has not published a single paper in the medical literature so physicians and scientists can evaluate his results.” The word “interestingly” seems meant in this context to imply I have purposely withheld publication, an implication that is strengthened by his next statement: “He apparently prefers talk shows.”

Let us consider the facts. Dr. Stare fails to report that my initial presentation was by invitation from organized medicine—the AMA and the California Medical Association—that both the AMA and California Medical Association rejected for publication the manuscripts of my presentations in 1973, 1974 and 1975. It was following the rejection in 1974 that I accepted an invitation from the publisher to author a book, Why Your Child Is Hyperactive, for the general public. I am pleased that this book has served to alert many troubled and concerned parents of the
WORLD ABOUT FOOD ADDITIVES.

Dr. Stare and the other critics fail to mention that since 1973 I have authored twelve publications on the subject of food additives in various scientific periodicals.

As for my appearances on talk shows, I must point out to Dr. Stare and his cohorts that practically all the publicity which has led to worldwide awareness of this new modality for hyperkinesis was initially generated by the press conferences scheduled by the AMA and the California Medical Association. Furthermore, I continue to feel privileged whenever the media extends an invitation to me to explain my research directly to the public.

Publicity throughout the world continues. The wave of interest created by the initial press conferences of organized medicine has actually been greatly increased by the considerable coverage by all news media. During 1976 it is estimated that 27 newspaper and magazine articles have appeared monthly, exclusive of syndicated articles, concerning the K-P Diet.

Today much of the publicity regarding the K-P Diet centers around human interest stories regarding the activities of 100 parent associations that have sprung up spontaneously around the country and particularly the successful and at times dramatic responses of children on the K-P Diet. Although stories appear quite frequently in newspapers, magazines as well as on radio and TV, they represent only a small part of the thousands of children who have responded favorably to the K-P Diet.

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Most of the unfavorable reports presently appearing regarding the K-P Diet center around the study at the Food Research Institute of the University of Wisconsin, directed by Dr. Preston Harley of the Department of Neurology.

Since early January 1976, Dr. Harley has presented his data several times around the country, usually followed in almost every instance by unfavorable reports in the press of the ineffectiveness of the K-P Diet.

An analysis of the circumstances and data of Dr. Harley's most recent presentation will illustrate how industry, with a scientific facade manipulates the situation to influence the press to report unwittingly to industry's advantage.

On April 20, 1976 the Dairy Council at their nutrition conference in Carmel, California, scheduled a press conference for Dr. Harley which was reported in the Los Angeles Times with the following headline: "Study Refutes Additive-Hyperactivity Link."

I do not know who was responsible for this headline, but it is not only inconsistent with the facts but even with Dr. Harley's written text.

At no time during Dr. Harley's press briefing or in the subsequent articles was there any mention of the $500,000 support to his Food Research Institute from industry.

The study was purported to be controlled; however, no provisions were made to supervise the food intake of the children.
to and from school, or any exchanges with their peers. Due to the nature of their affliction many of these children are compulsive liars, so that anecdotal reports by the children are certainly not reliable for a controlled study.

The following data have been obtained from the Wisconsin reports: (Slide 6)

Total number of children . . . . 46
Ages 3 to 6 years . . . . . . . . 10 children
All ten mothers reported favorable responses
Four out of seven fathers reported favorable responses
This is consistent with mothers' ratings in observations in behavioral studies.
Ages 7 to 12 years . . . . . . . . 36 children
Four responded on parental and teacher ratings as well as objective studies.

In view of the experimental design, this is an extremely favorable response, which is inconsistent with the following statement by Dr. Harley as reported by the press:

"There may well exist a subset of hyperactive children whose behavior is adversely affected by artificial food colors and flavors. The results of this study suggest that it is very small and/or the relationship of diet manipulation to behavioral change is much less dramatic and predictable than has been publicized."

In other words, Dr. Harley is hedging. By his own admission he recognized that dietary intervention with the K-P Diet does produce changes in perceived behavior.

A view of the press...

It is most unfortunate that the press should be exploited and misled, leading to the publication of ambiguous statements which discourage distraught and concerned parents from trying a new, safe modality for their children. This causes many concerned parents to resort to the use of behavior-modifying drugs to help their children, drugs which are already being prescribed promiscuously and often unnecessarily.

Behavioral disturbances and learning disabilities with its various sequelae--trucancy, vandalism, juvenile delinquency and crime, are on the rise, presenting one of the most disturbing social situations of our times. I believe these problems are in great measure related to our food culture. My hypothesis linking food additives to behavior and learning disabilities is only one band in a broad spectrum of social and health difficulties related to our food supply. Resolution of the situation cannot be mandated or legislated. Its correction is contingent upon public involvement, which can only be realized through public awareness and education.

You of the fourth estate play an extremely important role in public education, which is necessary for the reversal of the rising tide of these social problems.

Recognizing the importance of your role in this major cultural crisis, it is most unfortunate that at times you are deterred and misdirected from fulfilling your responsibilities to society.
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And finally, although there has been industry-led criticism, the K-P Diet has proven to be extremely successful. Thousands of children have been salvaged from a disturbed home, failure at school and an existence on behavior-modifying drugs. You have played an extremely important role in this achievement. Without the Press this program could never enjoy the public awareness which has led to the many successes. I am speaking for thousands of parents and children, besides myself, when I say thank you for your help.

And that is how I see it from the other side.